CI

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# TROUTMAN / 138300 PIN# 4731-22-5803.09 3354 DATE 09/05/06

OWNER OR APPLICANT MEDALLION PROPERTIES, INC. PHONE: Business 704-634-1185 Home 704-361-1084

ADDRESS 185 WHIPPOORWILL RD. MOORESVILLE, NC 28117

LOCATION HWY 21 SOUTH (R) TALLEY ST., (L) TALLEY HILLS DR., LOT ON END

SUBDIVISION TALLEY RIDGE BLOCK / SECTION ____ LOT 9 LOT AREA 0.50 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 005 Date 12-6-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 200'
No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUC, LOW PRES.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

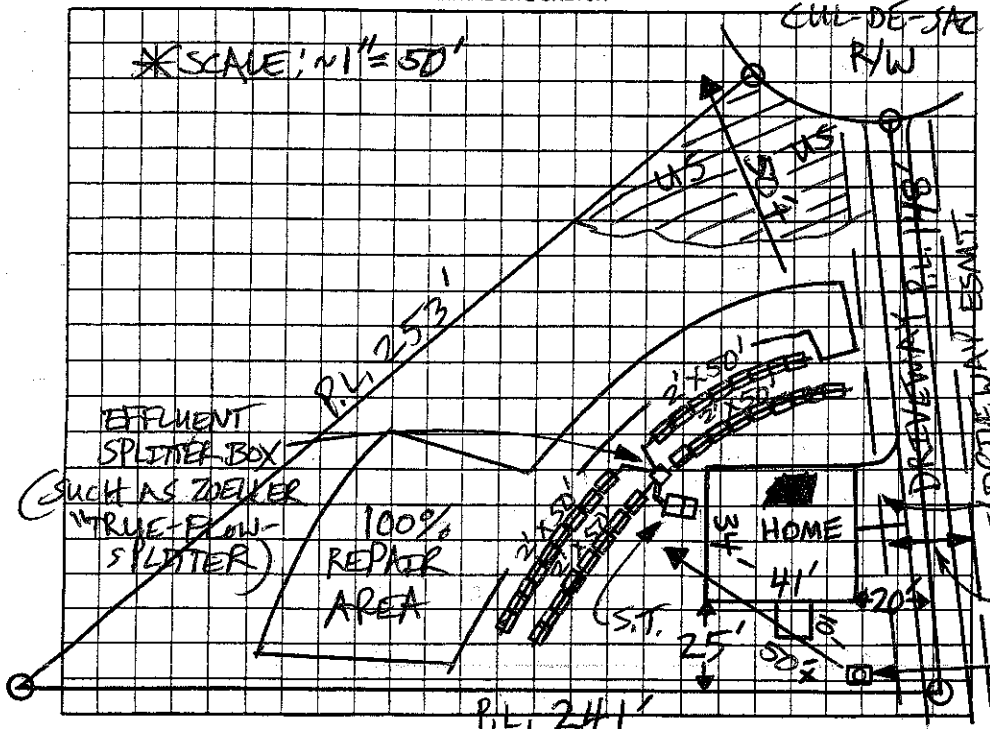
Water Supply: ☒ Individual WELL ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: ZOELLER FILTER & MANIFOLD
USED DISTRIBUTION BOX WITH SPEED LEVELERS
INSTALLED AS DRAWN

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Bill Campagna date 9/13/06 Installed by: BRYAN Snyder

Improvement Permit by: [signature] date 09/05/06 Operation Permit by: [signature] PS date 2/27/07

Authorization to Construct by: [signature] date 09/13/06 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

